Head of Household Name:

Names of Other Household Members*:





STAFF CERTIFICATION OF ELIGIBILITY FOR HPRP ASSISTANCE

Purpose: This form serves as documentation that: (1) the program participant named below meets all eligibility criteria for HPRP assistance; (2) this eligibility determination is based on true and complete information; (3) neither the staff member making this determination nor his or her supervisor are related to the program participant through family, business or other personal ties; and (4) this eligibility determination has not resulted from, nor will result in, any financial benefit to the staff member making this determination, his or her supervisor, or anyone related to them.

Instructions: This form must be completed for each program participant upon the determination of his or her eligibility for HPRP assistance. This form must be signed and dated by the HPRP staff person who makes this determination and that person's supervisor and must be kept in the program participant's case file. This form will remain valid, unless a different staff person re-determines the program participant's eligibility, in which case a new form will be required.

*All members in household that will benefit from HPRP assistance should b	e listed here.	
Required certifications: Each person signing below certifies to the program participant named above meets all requirements to reconstruction and Rapid Re-Housing Program (HPRP). (2) To the beinformation used in making this eligibility determination is true aparticipant through family, business or other personal ties. (4) To related to me has received or will receive any financial benefit for that fraud is investigated by the Department of Housing and Urbimay be punished under Federal laws to include, but not limited any of these certifications is found to be false administrative penalties and sanctions.	reive assistance under the Homeless of my knowledge and ability, all and complete. (3) I am not related to the best of my knowledge, neither this eligibility determination. (5) can Development, Office of Inspect to, 18 U.S.C. 1001 and 18 U.S.C. 64	of the to the program er I nor anyone I understand for General, and 1. (6) I
HPRP Staff Signature:	Date:	_
HPRP Supervisor Signature:	Date:	_